

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Reis for Congress

ADDRESS (number and street)

PO Box 1333

Check if different than previously reported. (ACC)

North Kingstown

RI

02852

2. FEC IDENTIFICATION NUMBER ▼

C C00552554

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

RI

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2014

through

M M /

D D /

Y Y Y Y 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bernadette Dion

Signature of Treasurer Bernadette Dion

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Reis for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4400.00	6250.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4400.00	6250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3481.39	4395.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3481.39	4395.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3054.35	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1200.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Reis for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2355.00	3905.00
(ii) Unitemized.....	1995.00	2295.00
(iii) TOTAL of contributions from individuals ▶	4350.00	6200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	50.00	50.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4400.00	6250.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1200.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1200.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4400.00	7450.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3481.39	4395.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3481.39	4395.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2135.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4400.00
25. SUBTOTAL (add Line 23 and Line 24).....	6535.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3481.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3054.35

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Reis for Congress

A. Full Name (Last, First, Middle Initial)
Arnoldo R Dacruz

Mailing Address 208 Slade St

City Belmont State MA Zip Code 02478

FEC ID number of contributing federal political committee. **C**

Name of Employer Siegel Egg Co Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Arnoldo R Dacruz

Mailing Address 208 Slade St

City Belmont State MA Zip Code 02478

FEC ID number of contributing federal political committee. **C**

Name of Employer Siegel Egg Co Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
Neal Friets

Mailing Address 22E Windsor Ct

City Keene State NH Zip Code 03431

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period
 228.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

928.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Reis for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Gileau

Mailing Address 99 Campbell Mill Rd

City Voluntown State CT Zip Code 06384

FEC ID number of contributing federal political committee. **C**

Name of Employer Sunny Side Farm, Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
David P Soares

Mailing Address 18 Walnut St

City Medford State MA Zip Code 02155

FEC ID number of contributing federal political committee. **C**

Name of Employer DTZ, A UGL Company Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 260.00

C. Full Name (Last, First, Middle Initial)
Mark Zaccaria

Mailing Address 35 Congdon Hill Rd

City Saunderstown State RI Zip Code 02874

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation marketing consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1280.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Reis for Congress

A. Full Name (Last, First, Middle Initial)
Mark Zaccaria

Mailing Address 35 Congdon Hill Rd

City Saunderstown State RI Zip Code 02874

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation marketing consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **367.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2014

Transaction ID : SA11Al.4242

Amount of Each Receipt this Period
147.00
 In-kind - dinner party

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

147.00

2355.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Reis for Congress

A. Full Name (Last, First, Middle Initial)
Committee to Elect Doreen Costa

Mailing Address 39 Dyer Ave

City North Kingstown State RI Zip Code 02852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11C.4156

Amount of Each Receipt this Period
 50.00

Registered with RI Board of Elections - all permissible funds

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

50.00

50.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Reis for Congress

Full Name (Last, First, Middle Initial) A. Carriage Inn & Saloon		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 1065 Tower Hill Rd		Amount of Each Disbursement this Period 894.00 Transaction ID : SB17.4211
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement food & bev_4.11.14 fundraising event	
Candidate Name Reis for Congress		Category/Type 003
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Bernadette Dion		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 34 Salem Dr		Amount of Each Disbursement this Period 494.60 Transaction ID : SB17.4201
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Accounting services, postage reimbursement	
Candidate Name Reis for Congress		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Bernadette Dion		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 34 Salem Dr		Amount of Each Disbursement this Period 44.60 Transaction ID : SB17.4201.0 [MEMO ITEM]
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Reimbursement_postage & PO Box rental fee	
Candidate Name Reis for Congress		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1388.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Reis for Congress

Full Name (Last, First, Middle Initial) A. Bernadette Dion		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 34 Salem Dr		Amount of Each Disbursement this Period 450.00
City North Kingstown	State RI Zip Code 02852	
Purpose of Disbursement Accounting services_Nov, Dec 2013	Category/Type 001	Transaction ID : SB17.4201.1 [MEMO ITEM]
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Bernadette Dion		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 34 Salem Dr		Amount of Each Disbursement this Period 500.00
City North Kingstown	State RI Zip Code 02852	
Purpose of Disbursement Accounting services, Jan	Category/Type 001	Transaction ID : SB17.4207
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Bernadette Dion		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 34 Salem Dr		Amount of Each Disbursement this Period 300.00
City North Kingstown	State RI Zip Code 02852	
Purpose of Disbursement Accounting services, Feb	Category/Type 001	Transaction ID : SB17.4208
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Reis for Congress

Full Name (Last, First, Middle Initial) A. Victor J Pichette III		Date of Disbursement MM / DD / YYYY 02 / 01 / 2014
Mailing Address Eye on Success 125 Georgia Avenue		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4236
City North Kingstown	State RI Zip Code 02852	
Purpose of Disbursement payment 2 of 3_website design	Category/Type 001	
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Victor J Pichette III		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address Eye on Success 125 Georgia Avenue		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4237
City North Kingstown	State RI Zip Code 02852	
Purpose of Disbursement final payment_website design	Category/Type 001	
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) c. Printing Express		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 682 Kingstown Rd		Amount of Each Disbursement this Period 415.16 Transaction ID : SB17.4213
City Wakefield	State RI Zip Code 02879	
Purpose of Disbursement 5000 palm cards	Category/Type 006	
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	815.16
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Reis for Congress

Full Name (Last, First, Middle Initial) A. Mark Zaccaria		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 35 Congdon Hill Rd		Amount of Each Disbursement this Period 147.00
City Saunderstown State RI Zip Code 02874	Category/Type	
Purpose of Disbursement In-kind - dinner party	Candidate Name	Transaction ID : SB17.4243
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	147.00
TOTAL This Period (last page this line number only).....	3150.76

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Reis for Congress

Transaction ID : **SC/10.4123**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Rhue Reis

Primary
 General
 Other (specify) ▼

Mailing Address
11 Congdon Hill Rd

City State ZIP Code
Saunderstown RI 02874

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1200.00 0.00 1200.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 16 / Y 2013 M M / D D / Y none 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 1200.00
TOTALS This Period (last page in this line only)..... ▶ 1200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Reis for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Victor J Pichette III

Mailing Address Eye on Success
 125 Georgia Avenue

City State Zip Code
 North Kingstown RI 02852

Nature of Debt (Purpose):
 website design & hosting fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.4139**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>